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From: Account Name : BECKER AND POLIAKOFF, P.A.
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LIMITED LIABILITY COMPANY

ADULT MEDICINE OF BROWARD AND PALM BEACH COUNTIES, P.A.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 5, 2004

BECKER AND POLIAKOFF, PA

SUBJECT: ADULT MEDICINE OF BROWARD AND PALM BEACH COUNTIES, FL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
ADULT MEDICINE OF BROWARD AND PALM BEACH COUNTIES, PL

The undersigned, desiring to form a professional limited liability company under and pursuant to Florida Statutes Chapters 608, entitled the Florida Limited Liability Company Act, and Chapter 621 entitled Professional Service Corporations, adopts the following Articles of Organization:

ARTICLE I - NAME

The name of this professional limited liability company (the "Company") is:

ADULT MEDICINE OF BROWARD AND PALM BEACH COUNTIES, PL

ARTICLE II- PURPOSES

The Company is organized for the purpose of rendering professional medical services and related services and transacting any and all lawful business permitted for such professional limited liability company under Chapters 608 and 621 of the Florida Statutes.

ARTICLE III - ADDRESS

The street address and mailing address of the principal place of business of this professional limited liability company is:

Adult Medicine of Broward and Palm Beach Counties, PL
One West Sample Road
One Medical Plaza
Suite No. 203
Pompano Beach, FL 33064.

ARTICLE IV- REGISTERED AGENT AND REGISTERED OFFICE

The name and Florida street address of the registered agent are:

Joel I. Silverman D.O.
One West Sample Road
One Medical Plaza
Suite No. 203
Pompano Beach, FL 33064

ARTICLE V - MANAGEMENT

The professional limited liability company shall be managed by one or more managers.

Joseph A. Caccamo, Esq.
Florida Bar No. 0104337
Becker & Poliakoff, P.A.
3111 Stirling Road
Ft. Lauderdale, FL 33312
954. 965.5050

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this
2nd day of February, 2004.


Joel T. Silverman D.O.

APPROVED
AND
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SECRETARY OF THE
TALLAHASSEE COUNTY

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REGISTERED AGENT'S SIGNATURE

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby accept the appointment as Registered Agent, and agree to comply with all applicable provisions of law. In addition, I hereby am familiar with and accept the duties and responsibilities as Registered Agent for said named limited liability company.


Joel L. Silverman D.O.

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SECRETARY TO THE
TALLAHASSEE COUNTY

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